

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 SEP 12 PM 4:01

Name: <u>Robert Tager</u>		Daytime Telephone: _____
FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>FL</u> District: <u>12</u>
	Candidates – Date of Election: <u>8/28/18</u> – <u>11/6/18</u>	<input type="checkbox"/> Check if Amendment
New Officer or Employee	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> to	
Employing Officer: _____	Period Covered: January 1, _____	

(Signature)
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *Robert Tager*

Page 2 of 10

BLOCK A		BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income											
Identify (a) each asset held for investment, or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "TAX-DEFERRED" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.												For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.											
Provide complete names of stocks and mutual funds (do not use any stock symbols).		For all IRAs and other retirement plans (such as 401(k) plans) provide the value of each asset held in the account that exceeds the reporting threshold.												"Column M is for assets held by your spouse or dependent child in which you have no interest.												"Column N is for assets held by your spouse or dependent child in which you have no interest.											
For bank and other cash accounts, total the amount in interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and other real property held for investment, provide a complete address, or description, e.g., "rental property", and a city and state.												Check "None" if the asset generated no income during the reporting period.												Check "None" if the asset generated no income during the reporting period.											
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Check "None" if the asset generated no income during the reporting period.												Check "None" if the asset generated no income during the reporting period.											
Excepted Investment Fund: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and a financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		None												None												None											
If you report a privately-held fund that is an Excepted Investment Fund, please check the "E.I.F." box.		\$1-\$1,000												\$1-\$200												\$1-\$200											
If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.		\$1,001-\$15,000												\$201-\$3,000												\$201-\$3,000											
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		\$15,001-\$50,000												\$1,001-\$2,500												\$1,001-\$2,500											
		\$50,001-\$100,000												\$2,501-\$5,000												\$2,501-\$5,000											
		\$100,001-\$250,000												\$5,001-\$15,000												\$5,001-\$15,000											
		\$250,001-\$500,000												\$15,001-\$50,000												\$15,001-\$50,000											
		\$500,001-\$1,000,000												\$50,001-\$100,000												\$50,001-\$100,000											
		\$1,000,001-\$5,000,000												\$100,001-\$500,000												\$100,001-\$500,000											
		Over \$5,000,000												Over \$5,000,000												Over \$5,000,000											
		Spouse/DC Asset over \$1,000,000*												Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*											
		None												None												None											
\$2,500 DC	\$25,000 UT	X												X												X											
Example:		None												None												None											
Simon & Schuster		X												X												X											
ABC Hedge Fund		X												X												X											
ANSON INC		X												X												X											
ART T		X												X												X											
Apple Inc		X												X												X											
Abtive Inc		X												X												X											

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robert Tager

Page 3 of 10

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *Robert Tager*

Page 1 of 10

ASSET NAME	BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income												
				A	B	C	D	E	F	G	H	I	J	K	L	M
General Electric		X														
Gold cord		X														
Hecla Mining		X														
Immunomedics		X														
# 600		X														
Intel																
ITau Win Banc		X														
Johnson & Johnson		X														
Kinross Gold		X														
LOWES		X														
Mustang Bio		X														
Mobil Min		X														
Skunktrum MINING		X														
Pandora																
Perkin Elmer Inc		X														

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robert Tager

Page 9 of 10

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robert Taget

Page 6 of 10

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *Robert Taylor*

Page 7 of 10

Assets and/or Income Sources	Value of Asset	BLOCK A												BLOCK B														
		BLOCK A						BLOCK B						BLOCK C						BLOCK D								
SP #	ASSET NAME	EF	Type of Income												Amount of Income													
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
			None												None													
			\$1-\$1,000												\$1-\$200													
			\$1,001-\$18,000												\$18,001-\$300,000													
			\$30,001-\$100,000												\$100,001-\$250,000													
			\$250,001-\$500,000												\$500,001-\$1,000,000													
			\$1,000,001-\$5,000,000												\$5,000,001-\$25,000,000													
			\$25,000,001-\$50,000,000												Over \$50,000,000													
			Spouse/DC Asset over \$1,000,000*												None													
			DIVIDENDS												RENT													
			INTEREST												CAPITAL GAINS													
			EXCEPTED/BLIND TRUST												TAX-DEFERRED													
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												None													
			\$1-\$200												\$201-\$1,000													
			\$1,001-\$2,500												\$2,601-\$5,000													
			\$5,001-\$15,000												\$15,001-\$50,000													
			\$50,001-\$100,000												\$100,001-\$1,000,000													
			\$1,000,001-\$5,000,000												\$5,000,001-\$25,000,000													
			Over \$25,000,000												Spouse/DC Income over \$1,000,000*													
			None												\$1-\$200													
			\$201-\$1,000												\$1,001-\$2,500													
			\$2,601-\$5,000												\$5,001-\$15,000													
			\$15,001-\$50,000												\$50,001-\$100,000													
			\$100,001-\$1,000,000												\$1,000,001-\$5,000,000													
			Over \$5,000,000												Spouse/DC Income over \$1,000,000*													
			None												\$1-\$200													
			\$201-\$1,000												\$1,001-\$2,500													
			\$2,601-\$5,000												\$5,001-\$15,000													
			\$15,001-\$50,000												\$50,001-\$100,000													
			\$100,001-\$1,000,000												\$1,000,001-\$5,000,000													
			Over \$5,000,000												Spouse/DC Income over \$1,000,000*													

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Robert Tracy

Page 9 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **Column K** is for liabilities held solely by your spouse or dependent child.

SP DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability						
				A	B	C	D	E	F	G
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000					
					\$15,001- \$50,000					
					\$50,001- \$100,000					
					X	\$100,001- \$250,000				
						\$250,001- \$500,000				
						X	\$500,001- \$1,000,000			
							\$1,000,001- \$5,000,000			
							X	\$5,000,001- \$25,000,000		
								\$25,000,001- \$50,000,000		
									Over \$50,000,000	
										Over \$1,000,000* (Spouse/DC Liability)

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	None	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services